

12-05-00

70

PATENT

56094USA1A.002

10862 U.S. Pto 09/729034 12/04/06

Office of Intellectual Property Counsel 3M Innovative Properties Company PO Box 33427

St. Paul, Minnesota 55133-3427 651/733 1500

Transmittal of Patent Application - Rule 1.53(b)

Box: Patent Application Commissioner for Patents Washington, DC 20231

Inventor(s):

Cheryl A. Pederson, Jennifer S. Ma and Nancy J. Dyslin

Title:

METHODS FOR MANAGING INFECTION RISK INCIDENT TO SURGICAL

PROCEDURES IN HEALTH CARE PROVIDER ENVIRONMENTS

- 1. Enclosed is the above-mentioned new patent application. It includes 7 sheet(s) of drawings.
- 2. Enclosed is an executed declaration or oath.
- 3. Enclosed are an application assignment to 3M Innovative Properties Company and a completed Assignment Recordation Cover Sheet.
- 4. Enclosed is a Certified Copy of Priority Document(s) ______. (if foreign priority is claimed).
- 5. Enclosed is

☑ The fee for filing the application is computed as follows:

| Claims As Filed | | | | | | | |
|-----------------------------------------------------------------|-------------|--------------|---------------------|--------------|---------|---------------------------|--|
| (1) For | (2 Numbe |) r Filed | (3) Number Extra | (4) Rate | 1 | (5) Basic Fee \$710 | |
| Total Claims | 21 | -20 = | 1 | x \$ | 318 | \$18 | |
| Independent Claims | 4 | -3 = | 1 | x \$ | 880 | \$80 | |
| Additional fee for filing one or more multiple dependent claims | | | | \$2 | 70 | \$ | |
| | | | | Total amount | t due → | \$808.00 | |

- 7. Please charge to Deposit Account 13-3723 any fees under 37 CFR 1.16 and 1.17 which may be required to file and during the entire pendency of this application. This authorization includes the fee for any extension of time under 37 CFR 1.136(a) that may be necessary. To the extent any such extension should become necessary it is hereby requested. A copy of this transmittal letter for fee processing is enclosed.
- 8. Enclosed is a return receipt postcard

Respectfully submitted'

| Registration Number | Telephone Number | Signature |
|---------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 39,924 | (651) 736-4235 | After the second |
| Date | | Printed Name |
| December 4, 2000 | | John A. Burtis |

| Certificate of Express Mailing | | | | | |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------|--|--|--|--|
| Pursuant to 37 CFR 1.10 I certify that this application is being deposited on the date indicated below | | | | | |
| with the United States Postal Service "Express Mail Post Office to Addressee" service addressed to: | | | | | |
| Commissioner for Patents, Washington, DC 20231. | | | | | |
| Express Mail Mailing Label No | Signature of Person Mailing Application | | | | |
| EL 509318996US | Callien M. Wagner | | | | |
| Date of Deposit | Printed Name of Person Mailing Application | | | | |
| December 4, 2000 | Colleen M. Wagner | | | | |

q:\3mipco forms and samples\transmittal letter - original patent app 1-53(b) doc Rev 4/18/99